

ELECTRICAL PERMIT APPLICATION

ALAMO TOWNSHIP

Building Department

7901 North 6th Street □ Kalamazoo, MI 49009

(269) 382.3366 (voice) □ (269) 552.4733 (fax)

www.alamotownship.org

Office Use Only

Permit Number: _____

Date Issued: _____

Signature, Building Official

I. LOCATION

| | |
|--|--|
| Name of Owner/Agent | Has a Building Permit been obtained for this project? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not required |
| Street Address and Job Location (street number, street name and zip code) | Phone |

II. CONTRACTOR / HOMEOWNER INFORMATION

| | | | |
|--|----------------------------------|---|------------------------------------|
| Indicate who the applicant is: <input type="checkbox"/> Contractor <input type="checkbox"/> Homeowner | Name/Contractor of Record | Company Name | License Number |
| | | | License Expiration Date |
| Address (street number, street name and zip code) | | | Consumer's Energy ID Number |
| Telephone Number (include area code) | | Federal Employer ID Number (or reason for exemption) | |
| Workers Compensation Insurance Carrier (or reason for exemption) | | MESC Employer Number (or reason for exemption) | |

III. TYPE OF JOB

| | | | |
|--|---|---|--|
| <input type="checkbox"/> Single Family <input type="checkbox"/> Other | <input type="checkbox"/> New <input type="checkbox"/> Alteration (<u>list type below</u>) _____ | <input type="checkbox"/> Service Only <input type="checkbox"/> Premanufactured Home Setup (State Approved) <input type="checkbox"/> Manufactured Home Setup (HUD Mobile Home) | <input type="checkbox"/> Special Inspection <input type="checkbox"/> State Owned <input type="checkbox"/> School |
|--|---|---|--|

IV. PLAN REVIEW REQUIRED

Plans must be submitted with an Application for Plan Examination and the appropriate fee paid prior to a permit being issued, except as listed below:

- When the electrical system rating does not exceed 400 amps and the building is not over 3,500 square feet in area.
- Work completed by a governmental subdivision or state agency costing less than \$15,000.00.

If work being performed is described above, check box below **"Plans Not Required."**

What is the rating of the service or feeder in ampere? _____ What is the building size? _____ (square feet)

Plans are required for all other building types and shall be prepared by or under the direct supervision of an architect or engineer licensed pursuant to 1980 PA 299 and shall bear that architect's or engineer's seal and signature.

Plan Review Submission No. _____ **Plans not Required**

V. APPLICANT SIGNATURE

Section 23a of the state construction code act of 1971, 1972 PA 230, MCL 125.1523A, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or residential structure. Violators of section 23a are subjected to civil fines.

| | |
|--|------|
| Signature of contractor or homeowner (Homeowner signature indicates compliance with Section VI. Homeowner Affidavit) | Date |
|--|------|

VI. HOMEOWNER AFFIDAVIT

I hereby certify the electrical work described on this permit application shall be installed **by myself in my own home** in which I am living or about to occupy. All work shall be installed in accordance with the Michigan Electrical Code and **shall not be enclosed, covered up or put into operation** until it has been **inspected** and **approved** by the Township Electrical Inspector. I will cooperate with the State Electrical Inspector and assume the responsibility to arrange for necessary inspections.

| | |
|---------------------|------|
| Homeowner Signature | Date |
|---------------------|------|

| | |
|--|--|
| | |
|--|--|

FEES

| SERVICE | FEE |
|-------------------------|------------|
| Service | \$45.00 |
| Rough-In | \$45.00 |
| Final | \$45.00 |
| Re-Inspection | \$45.00 |
| Special Inspection | \$45.00 |
| Temporary Service | \$45.00 |
| Permit Fee | \$35.00 |
| TOTAL PERMIT FEE | |

Make check payable to: Alamo Township (send to address listed on Page 1)

Allow 3-5 days for plan review with completed application.

**Call Artie Wilcox
for Electrical Inspections
(269) 998-4458**

Allow at least 24 hour notice for inspections.

GENERAL: Electrical work shall not be started until the application for a permit has been filed with the Alamo Township Building Department. All installations shall be in compliance with the Michigan Electrical Code. **No work shall be concealed until it has been inspected.**

EXPIRATION OF PERMIT: A permit remains valid as long as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work is not started within six months of issuance of the permit or if the authorized work is suspended or abandoned for a period of six months after work has begun. **A PERMIT WILL BE CLOSED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN SIX MONTHS OF THE DATE OF ISSUANCE OF THE DATE OF A PREVIOUS INSPECTION. CLOSED PERMITS CANNOT BE REFUNDED OR REINSTATED.**

